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Page 1 of 55 Document B1 (Official Form 1)(1/08) **United States Bankruptcy Court** Voluntary Petition **Northern District of Illinois** Name of Debtor (if individual, enter Last, First, Middle): Name of Joint Debtor (Spouse) (Last, First, Middle): Haase, James W Haase, Pamela L All Other Names used by the Joint Debtor in the last 8 years All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): (include married, maiden, and trade names): Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN xxx-xx-8440 xxx-xx-0289 Street Address of Debtor (No. and Street, City, and State): Street Address of Joint Debtor (No. and Street, City, and State): 4103 Owl Drive 4103 Owl Drive Rolling Meadows, IL Rolling Meadows, IL ZIP Code ZIP Code 60008-2512 60008-2512 County of Residence or of the Principal Place of Business: County of Residence or of the Principal Place of Business: Cook Cook Mailing Address of Debtor (if different from street address): Mailing Address of Joint Debtor (if different from street address): ZIP Code ZIP Code Location of Principal Assets of Business Debtor (if different from street address above): Type of Debtor Nature of Business **Chapter of Bankruptcy Code Under Which** (Form of Organization) (Check one box) the Petition is Filed (Check one box) (Check one box) ☐ Health Care Business Chapter 7 Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) ☐ Chapter 15 Petition for Recognition ☐ Chapter 9 Individual (includes Joint Debtors) of a Foreign Main Proceeding ☐ Chapter 11 See Exhibit D on page 2 of this form. ■ Railroad ☐ Chapter 15 Petition for Recognition ☐ Chapter 12 □ Stockbroker ☐ Corporation (includes LLC and LLP) of a Foreign Nonmain Proceeding ☐ Chapter 13 Commodity Broker ☐ Partnership ☐ Clearing Bank Other (If debtor is not one of the above entities, ☐ Other Nature of Debts check this box and state type of entity below.) Tax-Exempt Entity Debts are primarily consumer debts, ☐ Debts are primarily (Check box, if applicable) defined in 11 U.S.C. § 101(8) as business debts. ☐ Debtor is a tax-exempt organization "incurred by an individual primarily for under Title 26 of the United States Code (the Internal Revenue Code). a personal, family, or household purpose." Chapter 11 Debtors Filing Fee (Check one box) Check one box: Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). Full Filing Fee attached Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). ☐ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. Check if: Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. ☐ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must Check all applicable boxes: attach signed application for the court's consideration. See Official Form 3B. A plan is being filed with this petition. Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). Statistical/Administrative Information THIS SPACE IS FOR COURT USE ONLY ☐ Debtor estimates that funds will be available for distribution to unsecured creditors. Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors 200-999 5,001-10,000 1-49 50 100-1,000-10,001-25,001-50,001-OVER 50,000 199 25,000 100,000 Estimated Assets \$50,001 to \$100,000 \$100,001 to \$500,000 \$10,000,001 to \$50 \$50,000,001 to \$100 \$500,000,001 to \$1 billion \$0 to \$50,000 \$500,001 \$1,000,001 \$100,000,001 million million million Estimated Liabilities \$1,000,001 to \$10 million \$10,000,001 to \$50 million \$100,000,001 \$500,000,001 More than to \$500 to \$1 billion \$1 billion \$50,001 to \$100,001 to \$500,000 \$500,001 \$50,000,001 \$100,000 to \$100 million to \$1 million

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Document Page 2 of 55 B1 (Official Form 1)(1/08) Page 2 Name of Debtor(s): Voluntary Petition Haase, James W (This page must be completed and filed in every case) Haase, Pamela L All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Timothy M. Hughes October 13, 2009 Signature of Attorney for Debtor(s) (Date) Timothy M. Hughes 6208982 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(1/08)

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## **Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

Haase, James W Haase, Pamela L

(Check only one box.)

#### Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition

is true and correct, that I am the foreign representative of a debtor in a foreign

proceeding, and that I am authorized to file this petition.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### X /s/ James W Haase

Signature of Debtor James W Haase

### X /s/ Pamela L Haase

Signature of Joint Debtor Pamela L Haase

Telephone Number (If not represented by attorney)

#### October 13, 2009

Date

#### Signature of Attorney\*

#### X /s/ Timothy M. Hughes

Signature of Attorney for Debtor(s)

#### Timothy M. Hughes 6208982

Printed Name of Attorney for Debtor(s)

#### Lavelle Law, Ltd.

Firm Name

501 W Colfax Palatine, IL 60067

Address

## Email: thughes@lavellelaw.com

847.705-9698 Fax: 847.241-1702

Telephone Number

#### October 13, 2009

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B 1D(Official Form 1, Exhibit D) (12/08)

# **United States Bankruptcy Court Northern District of Illinois**

|       |                                 | Northern District of Illinois |          |   |
|-------|---------------------------------|-------------------------------|----------|---|
| In re | James W Haase<br>Pamela L Haase |                               | Case No. |   |
|       |                                 | Debtor(s)                     | Chapter  | 7 |
|       |                                 |                               |          |   |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- □1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- ■2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
- □3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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B 1D(Official Form 1, Exhibit D) (12/08) - Cont.

□4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

□Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

□Active military duty in a military combat zone.

□5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

| Signature of Debtor:   | /s/ James W Haase |
|------------------------|-------------------|
| _                      | James W Haase     |
| Date: October 13. 2009 |                   |

B 1D(Official Form 1, Exhibit D) (12/08)

# **United States Bankruptcy Court Northern District of Illinois**

|       |                                 | Northern District of Illinois |          |   |
|-------|---------------------------------|-------------------------------|----------|---|
| In re | James W Haase<br>Pamela L Haase |                               | Case No. |   |
|       |                                 | Debtor(s)                     | Chapter  | 7 |
|       |                                 |                               |          |   |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- □1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- ■2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
- □3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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B 1D(Official Form 1, Exhibit D) (12/08) - Cont.

□4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

□Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

□Active military duty in a military combat zone.

□5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

| Signat | ure of Debtor:   | /s/ Pamela L Haase |  |
|--------|------------------|--------------------|--|
|        |                  | Pamela L Haase     |  |
| Date:  | October 13, 2009 |                    |  |

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B6 Summary (Official Form 6 - Summary) (12/07)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | James W Haase, |         | Case No. |   |
|-------|----------------|---------|----------|---|
|       | Pamela L Haase |         |          |   |
| -     |                | Debtors | Chapter  | 7 |
|       |                |         | •        |   |

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property  | Yes                  | 1                | 263,500.00        |             |          |
| B - Personal Property  | Yes                  | 3                | 5,950.00          |             |          |
| C - Property Claimed as Exempt   | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims   | Yes                  | 1                |                   | 370,900.00  |          |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 15               |                   | 86,993.00   |          |
| G - Executory Contracts and<br>Unexpired Leases                                    | Yes                  | 1                |                   |             |          |
| H - Codebtors  | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                      | Yes                  | 1                |                   |             | 5,823.00 |
| J - Current Expenditures of Individual<br>Debtor(s)                                | Yes                  | 1                |                   |             | 5,821.00 |
| Total Number of Sheets of ALL Schedu   | ıles                 | 26               |                   |             |          |
|  | T                    | otal Assets      | 269,450.00        |             |          |
|  |                      |                  | Total Liabilities | 457,893.00  |          |

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Form 6 - Statistical Summary (12/07)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | James W Haase, |         | Case No. |   |
|-------|----------------|---------|----------|---|
|       | Pamela L Haase |         |          |   |
| _     |                | Debtors | Chapter  | 7 |

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C.  $\S$  159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E)  | 0.00   |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00   |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00   |
| Student Loan Obligations (from Schedule F)  | 0.00   |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00   |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00   |
| TOTAL   | 0.00   |

#### State the following:

| Average Income (from Schedule I, Line 16)  | 5,823.00 |
|--|----------|
| Average Expenses (from Schedule J, Line 18)  | 5,821.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 7,053.46 |

#### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY"     column              |      | 107,400.00 |
|--|------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |            |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00       |
| 4. Total from Schedule F   |      | 86,993.00  |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 194,393.00 |

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B6A (Official Form 6A) (12/07)

James W Haase, Pamela L Haase

In re

| Case No |  |
|---------|--|
|         |  |

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Debtors

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| 4103 Owl Drive, Rolling Meadows, IL Single family residence purchased in about 1979 for \$50.500.00 | Fee simple                                 | J   | 263,500.00   | 370,900.00                 |
|---|--|---|--|----------------------------|
| Description and Location of Property  | Nature of Debtor's<br>Interest in Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in<br>Property, without<br>Deducting any Secured<br>Claim or Exemption | Amount of<br>Secured Claim |

Sub-Total > 263,500.00 (Total of this page)

263,500.00 Total >

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B6B (Official Form 6B) (12/07)

| In re | James W Haase, | Case No. |
|-------|----------------|----------|
|       | Pamela L Haase |          |

### Debtors

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | Type of Property  | N O Description and Location of Property E | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|--|---|--|
| 1.  | Cash on hand  | Cash                                       | -   | 50.00  |
| 2.  | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | Checking at                                | -   | 500.00   |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | X  |   |  |
| 4.  | Household goods and furnishings, including audio, video, and computer equipment.  | Household goods                            | -   | 2,000.00   |
| 5.  | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | Books & pictures                           | -   | 350.00   |
| 6.  | Wearing apparel.  | Clothing                                   | -   | 2,000.00   |
| 7.  | Furs and jewelry.   | x  |   |  |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | x  |   |  |
| 9.  | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.  | Life ins.                                  | -   | 50.00  |
| 10. | Annuities. Itemize and name each issuer.  | x  |   |  |
|     |   |  |   |  |
|     |   | (  | Sub-Tota<br>Total of this page)             | d > 4,950.00   |

**2** continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

| In re | James W Haase, | Case No. |
|-------|----------------|----------|
|       | Pamela L Haase |          |

#### Debtors

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     |   |                  | (Continuation Sheet)                 |   |   |
|-----|---|------------------|--------------------------------------|---|---|
|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | х                |                                      |   |   |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | Pe               | nsion/401k/IRA                       | -   | 1,000.00  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |                                      |   |   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |                                      |   |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |                                      |   |   |
| 16. | Accounts receivable.  | X                |                                      |   |   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |                                      |   |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | Fe               | d. & St. tax return                  | -   | 0.00  |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | x                |                                      |   |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |                                      |   |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |                                      |   |   |
|     |   |                  |                                      | Sub-Tota                                    | al > <b>1,000.00</b>  |
|     |   |                  | (T                                   | otal of this page)                          |   |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

| In re | James W Haase, |
|-------|----------------|
|       | Pamela I Haase |

#### Debtors

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |                                      |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | Car              | year, make, model                    | -   | 0.00  |
|     | outer removes and accessories   | yea              | r make model miles                   | J   | 0.00  |
| 26. | Boats, motors, and accessories.   | X                |                                      |   |   |
| 27. | Aircraft and accessories.   | X                |                                      |   |   |
| 28. | Office equipment, furnishings, and supplies.  | X                |                                      |   |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |   |   |
| 30. | Inventory.  | X                |                                      |   |   |
| 31. | Animals.  | X                |                                      |   |   |
| 32. | Crops - growing or harvested. Give particulars.   | X                |                                      |   |   |
| 33. | Farming equipment and implements.   | X                |                                      |   |   |
| 34. | Farm supplies, chemicals, and feed.   | X                |                                      |   |   |
| 35. | Other personal property of any kind not already listed. Itemize.  | X                |                                      |   |   |

Sub-Total > (Total of this page)

Total > **5,950.00** 

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

0.00

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B6C (Official Form 6C) (12/07)

| In re | James W Haase, | Case No. |
|-------|----------------|----------|
|       | Pamela L Haase |          |

Debtors

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

11 U.S.C. \$522(b)(2)

11 U.S.C. \$522(b)(3)

| Description of Property  | Specify Law Providing<br>Each Exemption                   | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|--|---|----------------------------------|---|
| Cash on Hand<br>Cash   | 735 ILCS 5/12-1001(b)                                     | 50.00                            | 50.00   |
| Checking, Savings, or Other Financial Accounts Checking at           | , <u>Certificates of Deposit</u><br>735 ILCS 5/12-1001(b) | 500.00                           | 500.00  |
| <u>Household Goods and Furnishings</u><br>Household goods            | 735 ILCS 5/12-1001(b)                                     | 2,000.00                         | 2,000.00  |
| Books, Pictures and Other Art Objects; Collectib<br>Books & pictures | oles<br>735 ILCS 5/12-1001(a)                             | 350.00                           | 350.00  |
| Wearing Apparel Clothing   | 735 ILCS 5/12-1001(a)                                     | 2,000.00                         | 2,000.00  |
| Interests in Insurance Policies<br>Life ins.                         | 215 ILCS 5/238  | 50.00                            | 50.00   |
| Interests in IRA, ERISA, Keogh, or Other Pension Pension/401k/IRA    | n or Profit Sharing Plans<br>735 ILCS 5/12-704            | 1,000.00                         | 1,000.00  |

Total: 5,950.00 5,950.00

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B6D (Official Form 6D) (12/07)

| In re | James W Haase, | Case No. |
|-------|----------------|----------|
|       | Pamela L Haase |          |

**Debtors** 

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CDEDITORIO MANGE   | C             | Hu     | sband, Wife, Joint, or Community   | C              | U                | P           | AMOUNT OF   |                                 |
|--|---------------|--------|--|----------------|------------------|-------------|---|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | H<br>W | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN         | ONT I NGEN     |                  | S P U T E D | CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No.  |               |        | Statutory Lien   |                | A<br>T<br>E<br>D |             |   |                                 |
| Cook County Treasurer<br>118 N Clark St<br>Room 212<br>Chicago, IL 60602                             |               | J      | 4103 Owl Drive, Rolling Meadows, IL<br>Single family residence purchased in<br>about 1979 for \$50,500.00          |                |                  |             |   |                                 |
|  | ┸             |        | Value \$ 263,500.00  | Ш              | _                | _           | 19,400.00   | 19,400.00                       |
| Account No.  Home Insurance  |               | J      | First Mortgage 4103 Owl Drive, Rolling Meadows, IL Single family residence purchased in about 1979 for \$50,500.00 |                |                  |             |   |                                 |
|  |               |        | Value \$ 263,500.00  | 1              |                  |             | 4,500.00  | 4,500.00                        |
| Account No.  HSBC P.O. Box 5244 Carol Stream, IL 60197   |               | J      | 4103 Owl Drive, Rolling Meadows, IL<br>Single family residence purchased in<br>about 1979 for \$50,500.00          |                |                  |             |   |                                 |
| Account No.  | +             | ╁      | Value \$ 263,500.00  | Н              | +                | +           | 347,000.00  | 83,500.00                       |
|  |               |        | Value \$   | -              |                  |             |   |                                 |
| ocontinuation sheets attached  |               |        | (Total of t  | Subto<br>his p |                  | )           | 370,900.00  | 107,400.00                      |
|  |               |        | (Report on Summary of So   |                | otal<br>ules)    | , [         | 370,900.00  | 107,400.00                      |

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B6E (Official Form 6E) (12/07)

| •     |                |          |
|-------|----------------|----------|
| In re | James W Haase, | Case No. |
|       | Pamela L Haase |          |

**Debtors** 

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to

| priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.  |
|--|
| ■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.  |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)  |
| ☐ Domestic support obligations   |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).  |
| ☐ Extensions of credit in an involuntary case  |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).  |
| ☐ Wages, salaries, and commissions   |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans  |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).  |
| ☐ Certain farmers and fishermen  |
| Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).   |
| ☐ Deposits by individuals  |
| Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
| ☐ Taxes and certain other debts owed to governmental units   |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).  |
| ☐ Commitments to maintain the capital of an insured depository institution   |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).   |
| ☐ Claims for death or personal injury while debtor was intoxicated   |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |
|  |

<sup>\*</sup> Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

| In re | James W Haase, |         | Case No. |  |
|-------|----------------|---------|----------|--|
|       | Pamela L Haase |         |          |  |
| -     |                | Debtors | ,        |  |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| ☐ Check this box if debtor has no creditors holding unsecur                                       | ed c     | lain                   | ns to report on this Schedule F.  |             |             |             |                            |                 |
|---|----------|------------------------|---|-------------|-------------|-------------|----------------------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu<br>H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN   | UNLIQUIDAT  | I<br>F<br>I | I<br>S<br>P<br>U<br>T<br>E | AMOUNT OF CLAIM |
| Account No. <b>321184</b>   |          |                        | Medical   | ŢΪ          | T<br>E<br>D | 1           |                            |                 |
| Alexian Brothers Corp. Heatlh Svcs.<br>25466 Network Place<br>Chicago, IL 60673-1254              |          | J                      |   |             | D           |             |                            | 487.00          |
| Account No. xx8949  | -        |                        | Personal guaranty/Medical   | +           | H           | +           | $\dashv$                   | 407.00          |
| Alexian Brothers Corp. Heatlh Svcs.<br>25466 Network Place<br>Chicago, IL 60673-1254              |          | J                      | <i>g,</i>   |             |             |             |                            | 176.00          |
| Account No. MCD xxxxx32A03  |          |                        | Medical   | +           | H           | t           | $\dagger$                  |                 |
| AMCA Collection Agency<br>2269 Saw Mill River Rd, Bldg 3<br>Elmsford, NY 10523                    |          | J                      |   |             |             |             |                            | 182.00          |
| Account No. xxxxxx3436  | ╁        |                        | Medical   | +           | $\vdash$    | +           | +                          |                 |
| AMCA Collection Agency<br>2269 Saw Mill River Rd, Bldg 3<br>Elmsford, NY 10523                    |          | J                      |   |             |             |             |                            |                 |
|   |          |                        |   |             | L           | $\perp$     | ightharpoons               | 64.00           |
|   |          |                        | (Total of   | Sub<br>this |             |             | ,                          | 909.00          |

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| In re | James W Haase, | Case No |
|-------|----------------|---------|
|       | Pamela L Haase |         |

| CREDITOR'S NAME,  | c        | Hu          | sband, Wife, Joint, or Community  | Ç          | Ü          | D   | Т |                 |
|---|----------|-------------|---|------------|------------|-----|---|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)          | CODEBTOR | J<br>H<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLLQULDAT | 1 = |   | AMOUNT OF CLAIM |
| Account No. xxxxxx7-214   |          |             | Medical   |            | E<br>D     |     |   |                 |
| Argent Healthcare Financial Service<br>1900 W. Severs Road, POB 667<br>La Porte, IN 46352 |          | J           |   |            |            |     | - | 435.00          |
| Account No. xxxxxx7-214   |          |             | Medical   | Т          |            |     |   |                 |
| Argent Healthcare Finanical Service<br>1900 W. Severs Road, POB 667<br>La Porte, IN 46352 |          | J           |   |            |            |     |   | 829.00          |
| Account No. <b>094-1-0002574706</b>   | ┢        |             | Medical   | ╁          | $\vdash$   | H   | + |                 |
| Arlington Ridge Pathology<br>520 E 22nd St<br>Lombard, IL 60148                           | -        | J           |   |            |            |     |   | 13.00           |
| Account No.   |          |             | Legal Fees  | T          |            |     | T |                 |
| Arnold G. Siegel<br>20 N. Clark Street Suite 220<br>Chicago, IL 60602                     |          | J           |   |            |            |     |   | 554.00          |
| Account No. CGxxxxxxxx4916  | t        |             | Credit card purchases   | $\vdash$   | Т          |     | + |                 |
| Arrow Financial Services<br>21031 Network Place<br>Chicago, IL 60678-1031                 |          | J           | ·   |            |            |     |   | 3,402.00        |
| Sheet no. 1 of 14 sheets attached to Schedule of  | •        |             |   | Subt       | tota       | 1   | T | E 022 00        |
| Creditors Holding Unsecured Nonpriority Claims  |          |             | (Total of t   | his        | pag        | ge) | L | 5,233.00        |

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| In re | James W Haase, | Case No. |
|-------|----------------|----------|
|       | Pamela L Haase |          |

|  | _             | _           |   |            |            |          |        |          |
|--|---------------|-------------|---|------------|------------|----------|--------|----------|
| CREDITOR'S NAME,   | ç             | Hu          | sband, Wife, Joint, or Community  | Č          | Ų          | Þ        |        |          |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | C<br>J<br>M | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDAT |          | AMOUNT | OF CLAIM |
| Account No. YY5019   |               |             | Medical   |            | E<br>D     |          |        |          |
| AssetCare, Inc.<br>P.O. Box 15380<br>Wilmington, DE 19850-5380                   |               | J           |   |            | D          |          |        | 181.00   |
| Account No. xxxxxxxx0178   |               |             | Personal guaranty/Medical   |            |            |          |        |          |
| BestPractices of Northwest, SC<br>P.O. Box 758682<br>Baltimore, MD 21275-8682    |               | J           |   |            |            |          |        | 51.00    |
| Account No. xxxxxxxx0097   | ┢             |             | Personal guaranty/Medical   | ╄          | ⊬          |          |        |          |
| BestPractices of Northwest, SC<br>P.O. Box 758682<br>Baltimore, MD 21275-8682    |               | J           | reisonal guaranty/weulcai   |            |            |          |        | 16.00    |
| Account No. xxxx0122   |               |             | Medical   | T          |            |          |        |          |
| C.B. Accounts<br>1101 Main Street<br>Peoria, IL 61606                            |               | J           |   |            |            |          |        | 120.00   |
| Account No. xxxx352-2  | ╁             | $\vdash$    | Medical   | +          | $\vdash$   | $\vdash$ |        |          |
| C.B. Accounts 1101 Main Street Peoria, IL 61606                                  | -             | J           |   |            |            |          |        | 94.00    |
| Sheet no. 2 of 14 sheets attached to Schedule of                                 | -             | _           |   | Sub        | tota       | 1        |        | 100.00   |
| Creditors Holding Unsecured Nonpriority Claims                                   |               |             | (Total of t   | his        | nas        | re)      |        | 462.00   |

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| In re | James W Haase, | Case No. |
|-------|----------------|----------|
|       | Pamela L Haase |          |

|   |          |    |                                   |           | _           |    |                  |
|---|----------|----|-----------------------------------|-----------|-------------|----|------------------|
| CREDITOR'S NAME,                                | C        | Hu | sband, Wife, Joint, or Community  | ļ         | U           | P  |                  |
| MAILING ADDRESS                                 | CODEBTOR | н  | DATE CLAIM WAS INCURRED AND       | C O N T   | UZLLQU.     | S  |                  |
| INCLUDING ZIP CODE,                             | ₽        | w  | CONSIDERATION FOR CLAIM. IF CLAIM | 11        | Q           | Įΰ | AMOUNTE OF CLAIM |
| AND ACCOUNT NUMBER (See instructions above.)    | 0        | C  | IS SUBJECT TO SETOFF, SO STATE.   | G         |             | E  | AMOUNT OF CLAIM  |
| (See instructions above.)                       | R        | Ľ  |                                   | N G E N T | D<br>A<br>T | D  |                  |
| Account No. xxxxx0067                           |          |    | Credit card purchases             | T         | E<br>D      |    |                  |
|   | 1        |    |                                   |           | D           |    |                  |
| Capital Management Services, LP                 |          | ١. |                                   |           |             |    |                  |
| 726 Exchange St., #700                          |          | J  |                                   |           |             |    |                  |
| Buffalo, NY 14210                               |          |    |                                   |           |             |    |                  |
|   |          |    |                                   |           |             |    |                  |
|   |          |    |                                   |           |             |    | 7,712.00         |
| Account No. xxxx7890                            |          |    |                                   |           |             |    |                  |
|   | 1        |    |                                   |           |             |    |                  |
| Capital Management Services, LP                 |          |    |                                   |           |             |    |                  |
| 726 Exchange St., Ste. 700                      |          | J  |                                   |           |             |    |                  |
| Buffalo, NY 14210                               |          |    |                                   |           |             |    |                  |
|   |          |    |                                   |           |             |    |                  |
|   |          |    |                                   |           |             |    | 2,366.00         |
| Account No. <b>0002557006</b>                   | T        |    | Utility                           |           |             |    |                  |
|   | 1        |    | -                                 |           |             |    |                  |
| Cavalier Telephone                              |          |    |                                   |           |             |    |                  |
| 2704 ALT 19                                     |          | J  |                                   |           |             |    |                  |
| Palm Harbor, FL 34683-2639                      |          |    |                                   |           |             |    |                  |
|   |          |    |                                   |           |             |    |                  |
|   |          |    |                                   |           |             |    | 70.00            |
| Account No.                                     | T        | T  | Medical                           |           |             |    |                  |
|   | 1        |    |                                   |           |             |    |                  |
| Credit Management Services                      |          |    |                                   |           |             |    |                  |
| 9525 Sweet Valley Drive                         |          | J  |                                   |           |             |    |                  |
| Cleveland, OH 44125                             |          |    |                                   |           |             |    |                  |
|   |          |    |                                   |           |             |    |                  |
|   |          |    |                                   |           |             |    | 104.00           |
| Account No. xxxx-xxxx-1883                      | T        | t  | Credit card purchases             | T         |             |    |                  |
|   | 1        |    | •                                 |           |             |    |                  |
| Creditors Financial Group                       |          |    |                                   |           |             |    |                  |
| P.O. Box 440290                                 |          | J  |                                   |           |             |    |                  |
| Aurora, CO 80044-0290                           | 1        |    |                                   |           |             |    |                  |
|   |          |    |                                   |           |             |    |                  |
|   |          |    |                                   |           |             |    | 911.00           |
| Sheet no3 of _14 sheets attached to Schedule of |          | 1  | <u> </u>                          | L         | oto         | 1  |                  |
|   |          |    |                                   |           |             |    | 11,163.00        |
| Creditors Holding Unsecured Nonpriority Claims  |          |    | (Total of t                       | nis j     | pag         | e) | ·                |

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| In re | James W Haase, | Case No |
|-------|----------------|---------|
|       | Pamela L Haase |         |

| CDEDITOD'S NAME   | C               | Hu          | sband, Wife, Joint, or Community | Ç          | U          | Ţ               | D                      |                 |
|---|-----------------|-------------|----------------------------------|------------|------------|-----------------|------------------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)     | C O D E B T O R | J<br>H<br>H | IS SUBJECT TO SETOFF, SO STATE.  | CONTINGENT | UNLIQUIDAT | F<br>  U<br>  E | S  <br>P  <br>U  <br>E | AMOUNT OF CLAIM |
| Account No. xxxx-xxxx-xxxx-5762   | 1               |             | Credit card purchases            | '          | E          |                 |                        |                 |
| Creditors Financial Group, LLC<br>P.O. Box 440290<br>Aurora, CO 80044-0290                            |                 | J           |                                  |            |            |                 |                        | 5,565.00        |
| Account No. 8440  |                 |             | NOTICE ONLY                      | Т          | Т          | T               | T                      |                 |
| D. Patrick Mullarkey<br>Tax Division DOJ, P.O. Box 55<br>Ben Franklin Station<br>Washington, DC 20044 |                 | J           | Federal income taxes             |            |            |                 |                        | 0.00            |
| Account No. HAASJA00  | ╁               | H           | Medical                          | +          | +          | +               | +                      |                 |
| David E. Oak DC<br>31 South Vail<br>Arlington Heights, IL 60005                                       |                 | J           |                                  |            |            |                 |                        | 844.00          |
| Account No. <b>8440</b>   | ╁               | $\vdash$    | NOTICE ONLY                      | +          | 十          | +               | +                      |                 |
| District Counsel<br>200 W. Adams<br>Chicago, IL 60604   |                 | J           |                                  |            |            |                 |                        | 0.00            |
| Account No. <b>8440</b>   | t               | $\vdash$    | NOTICE ONLY                      | +          | +          | +               | +                      |                 |
| District Director IRS<br>230 S Dearborn<br>Chicago, IL 60604  |                 | J           | Federal income taxes             |            |            |                 |                        | 0.00            |
| Sheet no4 of _14_ sheets attached to Schedule of  | •               | •           |                                  | Sub        | tota       | al              | 7                      | 6,409.00        |
| Creditors Holding Unsecured Nonpriority Claims  |                 |             | (Total of                        | this       | pag        | ge              | ) [                    | 0,405.00        |

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| In re | James W Haase, | Case No. |
|-------|----------------|----------|
|       | Pamela L Haase |          |

| CREDITOR'S NAME,  | Č            | Hu          | sband, Wife, Joint, or Community  | Ğ          | U             | D        |          |
|---|--------------|-------------|---|------------|---------------|----------|----------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)        | OD E B T O R | C<br>A<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | NL I QU I DAT | DISPUTED |          |
| Account No. Lx3189  |              |             | Medical   | T          | E             |          |          |
| drs Bonded Collection Systems<br>SDDRSBO1<br>PO Box 1022<br>Wixom, MI 48393-1022        |              | J           |   |            | D             |          | 810.00   |
| Account No. xx5872  |              |             |   |            |               |          |          |
| Elite Recovery Services<br>POB 3474<br>Buffalo, NY 14240                                |              | J           |   |            |               |          | 757.00   |
| Account No. xxxx0123  | ┞            | -           | Credit card purchases   | +          |               |          |          |
| Encore Receivable Management<br>400 n. rogers road<br>POB 3330<br>Olathe, KS 66063-3330 |              | Н           | oredit card purchases   |            |               |          | 1,358.00 |
| Account No. xxxx-xxxx-7230  |              |             | Credit card purchases   | +          |               |          |          |
| Financial Recovery Services<br>P.o. Box 385908<br>Minneapolis, MN 55438-5908            |              | J           |   |            |               |          | 411.00   |
| Account No. xxx7748   | $\vdash$     | $\vdash$    |   | +          |               | H        | +        |
| First National Collection Bureau<br>610 Waltham Way<br>Sparks, NV 89434                 |              | J           |   |            |               |          | 2,491.00 |
| Sheet no. <u>5</u> of <u>14</u> sheets attached to Schedule of                          | -            | •           |   | Subt       | tota          | 1        |          |
| Creditors Holding Unsecured Nonpriority Claims  |              |             | (Total of t   | his        | pag           | e)       | 5,827.00 |

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| In re | James W Haase, | Case No |
|-------|----------------|---------|
|       | Pamela L Haase |         |

|   | _            | _           |                                  |            |            |     |   |                 |
|---|--------------|-------------|----------------------------------|------------|------------|-----|---|-----------------|
| CREDITOR'S NAME,  | C            | Hu          | sband, Wife, Joint, or Community | Č          | U          | P   | Т |                 |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                  | OD E B T O R | C<br>A<br>H | IS SUBJECT TO SETOFF, SO STATE.  | CONTINGENT | UNLLQULDAT |     | - | AMOUNT OF CLAIM |
| Account No. xx1972  |              |             | Personal guaranty/Medical        | T          | E<br>D     |     | l |                 |
| G. Leone, M.D., S.C.<br>3060 N. Arlington Hts. Rd.<br>Arlington Heights, IL 60004                 |              | J           |                                  |            | D          |     |   | 91.00           |
| Account No. 51865   |              |             | Medical                          |            |            |     | T |                 |
| Greater Northwest Medical Group<br>1300 Bush Parkway<br>Buffalo Grove, IL 60089-4505              |              | J           |                                  |            |            |     |   | 200.00          |
|   |              |             |                                  |            |            |     |   | 328.00          |
| Account No. x1202  Greater Northwest Medical Group 1300 Bush Parkway Buffalo Grove, IL 60089-4505 |              | J           | Medical                          |            |            |     |   | 25.00           |
| Account No. x1865  Greater Northwest Medical Group 1300 Bush Parkway Buffalo Grove, IL 60089-4505 |              | J           | Medical                          |            |            |     |   | 207.00          |
| Account No. x1202  Greater Northwest Medical Group 1300 Bush Parkway Buffalo Grove, IL 60089-4505 |              | J           | Medical                          |            |            |     |   | 288.00          |
| Sheet no. 6 of 14 sheets attached to Schedule of  |              |             | -                                | Subt       | ota        | .1  |   | 939.00          |
| Creditors Holding Unsecured Nonpriority Claims  |              |             | (Total of t                      | his        | pag        | re) | 1 | 939.00          |

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| In re | James W Haase, | Case N | lo |
|-------|----------------|--------|----|
|       | Pamela L Haase |        |    |

| CREDITOR'S NAME,  | C             | Hu          | sband, Wife, Joint, or Community                                  | Ç          | U            | T <sub>P</sub>  | Л         |                 |
|---|---------------|-------------|---|------------|--------------|-----------------|-----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)          | O D E B T O R | C<br>N<br>H | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | L I QU I DAT | D I S P U T E D | = 1       | AMOUNT OF CLAIM |
| Account No. x4444   | 1             |             | Personal guaranty/Medical   | '          | Ė            |                 | 1         |                 |
| Greater Northwest Medical Group<br>1300 Bush Parkway<br>Buffalo Grove, IL 60089-4505      |               | J           |   |            | В            |                 |           | 40.00           |
| Account No. xxxx-xxxx-6284  |               |             | Credit card purchases   |            |              | T               | T         |                 |
| HSBC Card Services<br>POB 17051<br>Baltimore, MD 21297-1051                               |               | J           |   |            |              |                 |           | 306.00          |
|   | ╀             |             |   | 丰          | ot           | ╀               | 4         |                 |
| Account No. 8440 Internal Revenue Service Kansas City, MO 64999                           |               | J           | 1999-2001 Federal income taxes                                    |            |              |                 |           | 42,800.00       |
| Account No. 8440  | T             | T           | NOTICE ONLY   | $\top$     | T            | T               | †         |                 |
| Internal Revenue Service<br>Mail Stop 5010 CHI<br>230 S. Dearborn St<br>Chicago, IL 60604 |               | J           |   |            |              |                 |           | 0.00            |
| Account No. xxxx-xxxx-y428  | t             | t           | Credit card purchases   | $\dagger$  | T            | t               | $\dagger$ |                 |
| Juniper<br>Card Services<br>POB 13337<br>Philadelphia, PA 19101-3337                      |               | J           |   |            |              |                 |           | 1,265.00        |
| Sheet no. 7 of 14 sheets attached to Schedule of  |               |             |   | Sub        | tota         | al              | T         | 44 444 66       |
| Creditors Holding Unsecured Nonpriority Claims  |               |             | (Total of   | his        | pas          | ge)             | ۱ (       | 44,411.00       |

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| In re | James W Haase, | Case No |
|-------|----------------|---------|
|       | Pamela L Haase |         |

| CREDITOR'S NAME,  | Ç             | Hu          | sband, Wife, Joint, or Community                                  | Č          | U          | Þ   | ı   |                 |
|---|---------------|-------------|---|------------|------------|-----|-----|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                        | O D E B T O R | C<br>J<br>M | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDAT | - 1 | - 1 | AMOUNT OF CLAIM |
| Account No. xxxxxx7342  |               |             | Medical   | '          | E          |     |     |                 |
| KCA Financial Services<br>628 N. Street<br>P.O. Box 53<br>Geneva, IL 60134                              |               | J           |   |            | D          |     |     | 24.00           |
| Account No. xxx6276   |               |             | Credit card purchases   | Т          |            |     | Τ   |                 |
| Leading Edge Recovery Solutions<br>5440 N. Cumberland Ave Ste 300<br>Chicago, IL 60656-1490             |               | J           |   |            |            |     |     |                 |
|   |               |             |   |            |            |     |     | 837.00          |
| Account No. xxxXx3034  Medco Financial Associates, Inc P.O. Box 525 Gurnee, IL 60031                    |               | J           | Personal guaranty/Medical   |            |            |     |     | 264.00          |
| Account No. xxx-xxx-xxxx-655-3  NCO Financial Systems 507 Prudential Road Horsham, PA 19044             | -             | J           | Utility   |            |            |     |     | 41.00           |
| Account No. xxxx1059  NCO Financial Systems, Inc. 1375 East Woodfield Rd., Ste 110 Schaumburg, IL 60173 |               | J           | Medical   |            |            |     |     | 81.00           |
| Sheet no. <b>8</b> of <b>14</b> sheets attached to Schedule of  |               |             | -   | Sub        | tota       | ıl  | T   | 1 247 00        |
| Creditors Holding Unsecured Nonpriority Claims  |               |             | (Total of t   | this       | pag        | ze) |     | 1,247.00        |

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| In re | James W Haase, | Case No. |
|-------|----------------|----------|
|       | Pamela L Haase |          |

| CREDITOR'S NAME,   | C         | Hu          | sband, Wife, Joint, or Community  | Č          | Ü           | D. |                 |
|--|-----------|-------------|---|------------|-------------|----|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)         | ODE BT OR | C<br>A<br>M | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLLQULDAH  |    | AMOUNT OF CLAIM |
| Account No. xxxx0637   |           |             | Medical   | Т          | T<br>E<br>D |    |                 |
| Northwest Community Hospital<br>800 W. Central Rd<br>Arlington Heights, IL 60005         |           | J           |   |            | D           |    | 226.00          |
| Account No. xxxx0417   |           |             | Medical   |            |             |    |                 |
| Northwest Community Hospital<br>P.O. Box 95698<br>Chicago, IL 60694-5698                 |           | J           |   |            |             |    | 46.00           |
|  | ╀         |             |   | ╀          |             |    |                 |
| Account No. xxxx6146  Northwest Community Hospital P.O. Box 95698 Chicago, IL 60694-5698 |           | J           | Medical   |            |             |    | 16.00           |
| Account No. xxxx4785  Northwest Community Hospital P.O. Box 95698 Chicago, IL 60694-5698 | -         | J           | Medical   |            |             |    | 30.00           |
| Account No. xxxx8196  Northwest Community Hospital P.O. Box 95698 Chicago, IL 60694-5698 |           | J           | Medical   |            |             |    | 52.00           |
| Sheet no. 9 of 14 sheets attached to Schedule of   |           |             |   | Subt       | ota         | 1  | 270.00          |
| Creditors Holding Unsecured Nonpriority Claims   |           |             | (Total of t   | his        | pag         | e) | 370.00          |

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| In re | James W Haase, | Case No. |
|-------|----------------|----------|
|       | Pamela L Haase |          |

|   |          |    |   |       |                  | _      |                 |
|---|----------|----|---|-------|------------------|--------|-----------------|
| CREDITOR'S NAME,  | C        | Hu | sband, Wife, Joint, or Community                              | CO    | U                | D<br>I |                 |
| MAILING ADDRESS   | CODEBTOR | Н  | DATE CLAIM WAS INCUDDED AND                                   | Ň     | -rzc             | S<br>P |                 |
| INCLUDING ZIP CODE,   | B        | w  | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM | 1     | Q D              | ū      |                 |
| AND ACCOUNT NUMBER  | T        | C  | IS SUBJECT TO SETOFF, SO STATE.                               | N G   | U                | E      | AMOUNT OF CLAIM |
| (See instructions above.)                                       | R        | ۲  | ,   | NGENH | D<br>A           |        |                 |
| Account No. xxxx5906  |          |    | Medical   | ]⊤ !  | A<br>T<br>E<br>D |        |                 |
|   | 1        |    |   |       | D                |        |                 |
| Northwest Community Hospital                                    |          |    |   |       |                  |        |                 |
| 800 W. Central Rd   |          | J  |   |       |                  |        |                 |
| Arlington Heights, IL 60005                                     |          |    |   |       |                  |        |                 |
|   |          |    |   |       |                  |        |                 |
|   |          |    |   |       |                  |        | 36.00           |
| Account No. xxxx3163  |          |    | Personal guaranty/Medical                                     |       |                  |        |                 |
|   |          |    |   |       |                  |        |                 |
| Northwest Community Hospital                                    |          | ١. |   |       |                  |        |                 |
| P.O. Box 95698  |          | J  |   |       |                  |        |                 |
| Chicago, IL 60694-5698  |          |    |   |       |                  |        |                 |
|   |          |    |   |       |                  |        |                 |
|   |          |    |   |       |                  |        | 25.00           |
| Account No. xxxx2966  |          |    | Personal guaranty/Medical                                     | Г     |                  |        |                 |
|   |          |    |   |       |                  |        |                 |
| Northwest Community Hospital                                    |          | ١. |   |       |                  |        |                 |
| P.O. Box 95698  |          | J  |   |       |                  |        |                 |
| Chicago, IL 60694-5698  |          |    |   |       |                  |        |                 |
|   |          |    |   |       |                  |        |                 |
|   |          |    |   |       |                  |        | 33.00           |
| Account No. xxxx3181  |          |    | Personal guaranty/Medical                                     | Г     |                  |        |                 |
|   |          |    |   |       |                  |        |                 |
| Northwest Community Hospital                                    |          | ١. |   |       |                  |        |                 |
| P.O. Box 95698  |          | J  |   |       |                  |        |                 |
| Chicago, IL 60694-5698  |          |    |   |       |                  |        |                 |
|   |          |    |   |       |                  |        |                 |
|   |          |    |   |       |                  |        | 17.00           |
| Account No. xxx-x-xxxxxx5196                                    |          |    | Medical   | Г     |                  |        |                 |
|   | 1        |    |   |       |                  |        |                 |
| Northwest Radiology Assoc                                       | 1        | 1  |   |       |                  |        |                 |
| 520 e 22nd St.  |          | J  |   |       |                  |        |                 |
| Lombard, IL 60148   |          |    |   |       |                  |        |                 |
|   | 1        | 1  |   |       |                  |        |                 |
|   |          |    |   |       |                  |        | 41.00           |
| Sheet no. <b>10</b> of <b>14</b> sheets attached to Schedule of |          |    | 5   | Subt  | ota              | 1      |                 |
| Creditors Holding Unsecured Nonpriority Claims                  |          |    | (Total of t   | his į | pag              | e)     | 152.00          |

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| In re | James W Haase, | Case No |
|-------|----------------|---------|
|       | Pamela L Haase |         |

| CREDITOR'S NAME,   | Ç             | Hu          | sband, Wife, Joint, or Community  | C          | U          | D   |             |       |
|--|---------------|-------------|---|------------|------------|-----|-------------|-------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)           | O D E B T O R | C<br>A<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDAT |     | AMOUNT OF ( | CLAIM |
| Account No. NW-xxx0224   |               |             | Medical   |            | E<br>D     |     |             |       |
| Northwest Sub Anesthesia<br>POB 88648<br>Chicago, IL 60680-1648                            |               | J           |   |            | D          |     |             | 58.00 |
| Account No. x7646  |               |             | Personal guaranty/Medical   |            |            |     |             |       |
| Novas & Associates SC<br>111 Lions Drive Suite 210<br>Barrington, IL 60010-3175            |               | J           |   |            |            |     | 2           | 36.00 |
|  |               |             |   |            | L          |     |             |       |
| Account No. xxx2637, xxxx9277  OSI Collection Service PO Box 959 Brookfield, WI 53008-0959 |               | J           | Medical   |            |            |     | 1,9         | 62.00 |
| Account No. xxx3670, xxxx0122  |               |             | Medical   |            |            |     |             |       |
| OSI Collection Services<br>1375 E. Woodfield Rd, Ste 110<br>Schaumburg, IL 60173-5447      |               | J           |   |            |            |     | 1,1:        | 27.00 |
| Account No. <b>5558695</b> , <b>39540461</b>   | T             | T           | Medical   | T          | T          |     |             |       |
| OSI Collection Services<br>1375 E. Woodfield Rd, Ste 110<br>Schaumburg, IL 60173-5447      |               | J           |   |            |            |     | 1:          | 85.00 |
| Sheet no11_ of _14_ sheets attached to Schedule of   | -             | •           |   | Subt       | <br>tota   | 1   |             |       |
| Creditors Holding Unsecured Nonpriority Claims   |               |             | (Total of t   | his        | pas        | re) | 3,50        | 68.00 |

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| In re | James W Haase, | Case No. |
|-------|----------------|----------|
|       | Pamela L Haase |          |

| CREDITOR'S NAME,   | C             | Hu          | sband, Wife, Joint, or Community  | C          | Ü          | D |                 |
|--|---------------|-------------|---|------------|------------|---|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)         | O D E B T O R | C<br>A<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDAT |   | AMOUNT OF CLAIM |
| Account No. xxx6197, xxxx7342  |               |             | Medical   |            | E<br>D     |   |                 |
| OSI Collection Services<br>1375 E. Woodfield Rd, Ste 110<br>Schaumburg, IL 60173-5447    |               | J           |   |            | D          |   | 349.00          |
| Account No. xxx2763  |               |             | Utility   |            |            |   |                 |
| Palisades Collection LLC<br>P.O. Box 1244<br>Englewood Cliffs, NJ 07632                  |               | J           |   |            |            |   | 103.00          |
|  | _             |             |   |            |            |   | 100.00          |
| Account No. x5933  Patrick J. Dicillo, DO SC 371 W. Northwest Highway Palatine, IL 60067 |               | J           | Medical   |            |            |   | 26.00           |
| Account No. x1239  |               |             | Medical   |            |            |   |                 |
| Patrick J. Dicillo, DO SC<br>371 W. Northwest Highway<br>Palatine, IL 60067              |               | J           |   |            |            |   | 054.00          |
|  | L             |             |   |            |            |   | 251.00          |
| Account No. HAAJA000  Rand Imaging Center 1051 W. Rand Road Arlington Heights, IL 60004  |               | J           | Medical   |            |            |   | 273.00          |
| Sheet no12_ of _14_ sheets attached to Schedule of                                       | _             |             |   | Subi       | ota        | 1 |                 |
| Creditors Holding Unsecured Nonpriority Claims   |               |             | (Total of t   |            |            |   | 1,002.00        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | James W Haase, | Case No. |
|-------|----------------|----------|
|       | Pamela L Haase |          |

| CREDITOR'S NAME,   | Ç        | Hu          | sband, Wife, Joint, or Community  | Ç             | U          | D      | ·Τ           |                 |
|--|----------|-------------|---|---------------|------------|--------|--------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                               | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT    | UNLIQUIDAT | SPUTED |              | AMOUNT OF CLAIM |
| Account No.  |          |             | Medical   | l'            | E          |        |              |                 |
| Ruth P. Walz<br>P.O. Box 271001<br>Flower Mound, TX 75027  |          | J           |   |               |            |        |              | 472.00          |
| Account No. xxxx0894   |          |             |   |               |            |        |              |                 |
| Sentry Credit Inc<br>2809 Grand Ave<br>Everett, WA 98201   |          | J           |   |               |            |        |              |                 |
|  |          |             |   |               |            | L      |              | 724.00          |
| Account No. xxx1377  |          |             | Medical   |               |            |        |              |                 |
| State Collection Service, Inc.<br>2509 S. Stoughton Rd.<br>Madison, WI 53716                                   |          | J           |   |               |            |        |              |                 |
| Account No. xx7823   |          |             | Personal guaranty/Medical   | $\vdash$      |            | L      | +            | 59.00           |
| State Collection Service, Inc.<br>2509 S. Stoughton Rd.<br>Madison, WI 53716                                   |          | J           |   |               |            |        |              |                 |
| Account No. 8477   |          |             | Personal guaranty/Medical   | ┝             | _          | H      | +            | 59.00           |
| Suburban Ear Nose & Throat Assoc<br>880 W. Central Rd, Ste 7200<br>Arlington Heights, IL 60005                 |          | J           |   |               |            |        |              | <b></b>         |
|  |          |             |   | L             | L          | L      | $\downarrow$ | 70.00           |
| Sheet no. <u>13</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |             | (Total of t   | Subt<br>his j |            |        | , [          | 1,384.00        |

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$  - Cont.

| In re | James W Haase, | Case No. |
|-------|----------------|----------|
|       | Pamela L Haase |          |

| CREDITOR'S NAME,   | C        | Hu          | sband, Wife, Joint, or Community  |           | U          | l P      |                 |
|--|----------|-------------|---|-----------|------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                 | ODE BTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | ONTINGENT | UNLIQUIDAT | DISPUTED | AMOUNT OF CLAIM |
| Account No. x3197  |          |             | Medical   | ]⊤        | T          |          |                 |
| Suburban Surgical Care Specialists<br>1614 W. Central Rd, Ste 105<br>Arlington Heights, IL 60005 |          | J           |   |           | E D        |          | 282.00          |
| Account No. 8440   | ╅        | +           | NOTICE ONLY   | 十         | ✝          | t        |                 |
| United States Attorney<br>219 S. Dearborn St.<br>Chicago, IL 60604                               |          | J           | Federal income taxes  |           |            |          |                 |
|  |          |             |   |           |            |          | 0.00            |
| Account No. xxxxx8616  |          |             |   | †         |            |          |                 |
| Vital Recovery Services Inc<br>POB 923747<br>Norcross, GA 30010-3747                             |          | J           |   |           |            |          |                 |
|  |          |             |   |           |            |          | 2,002.00        |
| Account No. xxxxx7133  |          |             | Credit card purchases   | T         |            |          |                 |
| Wolpoff & Abramson, L.L.P.<br>702 King Farm Blvd.<br>Rockville, MD 20850-5775                    |          | J           |   |           |            |          | 4 245 00        |
|  | _        |             |   | ⊥_        | L          |          | 1,215.00        |
| Account No. x8037  |          |             | Personal guaranty/Medical   |           |            |          |                 |
| Womens Healthfirst LLC<br>600 W Lake Cook Rd, Ste 120<br>Buffalo Grove, IL 60089-2089            |          | J           |   |           |            |          |                 |
|  |          |             |   |           |            |          | 418.00          |
| Sheet no. 14 of 14 sheets attached to Schedule of  | Ī.       | _           |   | Sub       | tota       | ıl       | 2017.00         |
| Creditors Holding Unsecured Nonpriority Claims   |          |             | (Total of   |           |            |          | 3,917.00        |
|  |          |             |   |           | Γota       |          | 86,993.00       |
|  |          |             | (Report on Summary of Se  | shec      | iule       | es)      | 00,333.00       |

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B6G (Official Form 6G) (12/07)

| In re | James W Haase, | Case No. |
|-------|----------------|----------|
|       | Pamela L Haase |          |

Debtors

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 09-38074 Doc 1 Filed 10/13/09 Entered 10/13/09 10:30:07 Desc Main 10/13/09 10:28AI Document Page 33 of 55

B6H (Official Form 6H) (12/07)

| In re | James W Haase, | Case No. |
|-------|----------------|----------|
|       | Pamala I Haasa |          |

Debtors

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

**B6I (Official Form 6I) (12/07)** 

| In re | James W Haase<br>Pamela L Haase |           | Case No. |  |
|-------|---------------------------------|-----------|----------|--|
|       |                                 | Debtor(s) |          |  |

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status:                     | DEPENDENTS  | S OF DEBTOR AND | SPOUSE                            |                |          |
|--|---|-----------------|-----------------------------------|----------------|----------|
| Married                                      | RELATIONSHIP(S):  Daughter                                      | AGE(            | S):<br><b>22</b>                  |                |          |
| Employment:                                  | DEBTOR  | <u> </u>        | SPOUSE                            |                |          |
| Occupation                                   | Mechanic  | Manager         |                                   |                |          |
| Name of Employer                             | Arlington Heights Park District                                 | Mitchell's      | Jewelers                          |                |          |
| How long employed                            | 7 Months  | 10 Years        |                                   |                |          |
| Address of Employer                          | 410 North Arlington Heights Road<br>Arlington Heights, IL 60004 |                 | unton Avenue<br>leights, IL 60004 |                |          |
| INCOME: (Estimate of average)                | age or projected monthly income at time case filed)             |                 | DEBTOR                            |                | SPOUSE   |
| 1. Monthly gross wages, salar                | ry, and commissions (Prorate if not paid monthly)               | \$              | 4,750.00                          | \$             | 2,250.00 |
| 2. Estimate monthly overtime                 |   | \$              | 0.00                              | \$             | 0.00     |
| 3. SUBTOTAL                                  |   | \$              | 4,750.00                          | \$             | 2,250.00 |
| 4. LESS PAYROLL DEDUC                        |   |                 |                                   |                |          |
| <ul> <li>a. Payroll taxes and soc</li> </ul> | ial security  | \$              | <b>857.00</b>                     | \$             | 320.00   |
| b. Insurance                                 |   | \$              | 0.00                              | \$             | 0.00     |
| c. Union dues                                |   | \$              | 0.00                              | \$             | 0.00     |
| d. Other (Specify):                          | -   |                 | 0.00                              | \$             | 0.00     |
|  |   |                 | 0.00                              | \$             | 0.00     |
| 5. SUBTOTAL OF PAYROL                        | LL DEDUCTIONS   | \$              | 857.00                            | \$             | 320.00   |
| 6. TOTAL NET MONTHLY                         | TAKE HOME PAY   | \$              | 3,893.00                          | \$             | 1,930.00 |
| 7. Regular income from opera                 | ation of business or profession or farm (Attach detailed sta    | atement) \$     | 0.00                              | \$             | 0.00     |
| 8. Income from real property                 |   | \$              | 0.00                              | \$             | 0.00     |
| 9. Interest and dividends                    |   | \$              | 0.00                              | \$             | 0.00     |
| dependents listed above                      |   | se or that of   | 0.00                              | \$             | 0.00     |
| 11. Social security or government (Specify): |   | \$              | 0.00                              | \$             | 0.00     |
| (Speeny).                                    |   |                 | 0.00                              | \$ <del></del> | 0.00     |
| 12. Pension or retirement inc                | ome   |                 | 0.00                              | \$ <del></del> | 0.00     |
| 13. Other monthly income                     | one   | 4               |                                   | <u> </u>       | 0.00     |
| (0 :0)                                       |   | 9               | 0.00                              | \$             | 0.00     |
|  |   | <u> </u>        | 0.00                              | \$             | 0.00     |
| 14. SUBTOTAL OF LINES                        | 7 THROUGH 13  | \$              | 0.00                              | \$             | 0.00     |
| 15. AVERAGE MONTHLY                          | INCOME (Add amounts shown on lines 6 and 14)                    | \$              | 3,893.00                          | \$             | 1,930.00 |
| 16. COMBINED AVERAGE                         | E MONTHLY INCOME: (Combine column totals from lin               | ne 15)          | \$                                | 5,823.         | .00      |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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B6J (Official Form 6J) (12/07)

| In re | James W Haase<br>Pamela L Haase |           | Case No. |  |
|-------|---------------------------------|-----------|----------|--|
|       |                                 | Debtor(s) |          |  |

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

| ☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complexpenditures labeled "Spouse."        | ete a separat | e schedule of |
|--|---------------|---------------|
| Rent or home mortgage payment (include lot rented for mobile home)   | \$            | 2,808.00      |
| a. Are real estate taxes included? Yes No _X   | Ψ             |               |
| b. Is property insurance included? Yes No X  |               |               |
| 2. Utilities:  a. Electricity and heating fuel   | \$            | 285.00        |
| b. Water and sewer   | \$            | 80.00         |
| c. Telephone   | \$            | 159.00        |
| d. Other Cellular Telephones   | \$            | 120.00        |
| 3. Home maintenance (repairs and upkeep)   | \$            | 100.00        |
| 4. Food  | \$            | 550.00        |
| 5. Clothing  | \$            | 100.00        |
| 6. Laundry and dry cleaning  | \$            | 75.00         |
| 7. Medical and dental expenses   | \$            | 150.00        |
| 8. Transportation (not including car payments)   | \$            | 290.00        |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  | \$            | 0.00          |
| 10. Charitable contributions   | \$            | 20.00         |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  |               |               |
| a. Homeowner's or renter's   | \$            | 75.00         |
| b. Life  | \$            | 0.00          |
| c. Health  | \$            | 185.00        |
| d. Auto  | \$            | 250.00        |
| e. Other   | \$            | 0.00          |
| 12. Taxes (not deducted from wages or included in home mortgage payments)  |               |               |
| (Specify) Real Estate Taxes  | \$            | 324.00        |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)                                 |               |               |
| a. Auto  | \$            | 0.00          |
| b. Other   | \$            | 0.00          |
| c. Other   | \$            | 0.00          |
| 14. Alimony, maintenance, and support paid to others   | \$            | 0.00          |
| 15. Payments for support of additional dependents not living at your home  | \$            | 0.00          |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   | \$            | 0.00          |
| 17. Other College & Books For Daughter   | \$            | 250.00        |
| Other  | \$            | 0.00          |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and,   | \$            | 5,821.00      |
| if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  |               |               |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: |               |               |
| 20. STATEMENT OF MONTHLY NET INCOME  | _             |               |
|  | •             | 5,823.00      |
| <ul><li>a. Average monthly income from Line 15 of Schedule 1</li><li>b. Average monthly expenses from Line 18 above</li></ul>                | \$            | 5,821.00      |
|  | φ             | 2.00          |
| c. Monthly net income (a. minus b.)  | Φ             | 2.00          |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

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### **United States Bankruptcy Court Northern District of Illinois**

| In re | James W Haase Pamela L Haase |           | Case No. |   |
|-------|------------------------------|-----------|----------|---|
|       |                              | Debtor(s) | Chapter  | 7 |

### DECLARATION CONCERNING DEBTOR'S SCHEDULES

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

|    | I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of |
|----|--|
| 28 | sheets, and that they are true and correct to the best of my knowledge, information, and belief.       |

| Date | October 13, 2009 | Signature | /s/ James W Haase  |
|------|------------------|-----------|--------------------|
|      |                  |           | James W Haase      |
|      |                  |           | Debtor             |
| Date | October 13, 2009 | Signature | /s/ Pamela L Haase |
|      |                  |           | Pamela L Haase     |
|      |                  |           | Joint Debtor       |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (12/07)

## United States Bankruptcy Court Northern District of Illinois

| In re | James W Haase<br>Pamela L Haase |           | Case No. |   |
|-------|---------------------------------|-----------|----------|---|
|       |                                 | Debtor(s) | Chapter  | 7 |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

Document

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#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts. List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF NAME AND ADDRESS AMOUNT STILL OF CREDITOR AMOUNT PAID **OWING PAYMENTS** 

None

Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**AMOUNT** DATES OF PAID OR PAYMENTS/ VALUE OF AMOUNT STILL NAME AND ADDRESS OF CREDITOR **TRANSFERS** TRANSFERS **OWING** 

None

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND

AMOUNT STILL

RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT COURT OR AGENCY STATUS OR NATURE OF PROCEEDING AND CASE NUMBER AND LOCATION DISPOSITION

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DESCRIPTION AND VALUE OF

DATE OF SEIZURE PROPERTY

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION. FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF **PROPERTY** 

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#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

NAME AND ADDRESS OF ASSIGNEE

ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND LOCATION

NAME AND ADDRESS OF CUSTODIAN

OF COURT CASE TITLE & NUMBER DATE OF **ORDER** 

DESCRIPTION AND VALUE OF

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**PROPERTY** 

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND

VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None 

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Lavelle Law. Ltd. 501 W Colfax Palatine, IL 60067

DATE OF PAYMENT. NAME OF PAYOR IF OTHER THAN DEBTOR 5/09

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

\$450.00

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

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b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

> TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

10/13/09 10:29AM

4

#### NAME AND ADDRESS OF INSTITUTION

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

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#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF SITE NAME AND ADDRESS **GOVERNMENTAL UNIT** NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

**ENVIRONMENTAL** NAME AND ADDRESS OF DATE OF SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

5

#### 18. Nature, location and name of business

None

NAME

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

**BEGINNING AND** NATURE OF BUSINESS (ITIN)/ COMPLETE EIN ADDRESS **ENDING DATES** 

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME **ADDRESS** 

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or

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owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or

supervised the keeping of books of account and records of the debtor.

DATES SERVICES RENDERED NAME AND ADDRESS

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

DATES SERVICES RENDERED NAME **ADDRESS** 

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records None of the debtor. If any of the books of account and records are not available, explain.

**ADDRESS** NAME

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

20 Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory,

and the dollar amount and basis of each inventory.

DOLLAR AMOUNT OF INVENTORY DATE OF INVENTORY INVENTORY SUPERVISOR (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21 . Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE NAME AND ADDRESS TITLE OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the

commencement of this case.

NAME **ADDRESS** DATE OF WITHDRAWAL 6

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None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

#### 23 . Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the

commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 7

#### 24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated

group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.

None If the debtor is not

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | October 13, 2009 | Signature | /s/ James W Haase       |
|------|------------------|-----------|-------------------------|
|      |                  |           | James W Haase<br>Debtor |
|      |                  |           | Debitoi                 |
| Date | October 13, 2009 | Signature | /s/ Pamela L Haase      |
|      |                  |           | Pamola I Haasa          |

Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | James W Haase<br>Pamela L Haase | Case No.          |   |
|-------|---------------------------------|-------------------|---|
|       |                                 | Debtor(s) Chapter | 7 |

#### CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

**PART A -** Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

| Property No. 1   |  |
|--|--|
| Creditor's Name:<br>Cook County Treasurer  | Describe Property Securing Debt:<br>4103 Owl Drive, Rolling Meadows, IL Single family<br>residence purchased in about 1979 for \$50,500.00 |
| Property will be (check one):  |  |
| □Surrendered   | Retained   |
| If retaining the property, I intend to (check at less property ■Reaffirm the debt □Other. Explain          | east one): _ (for example, avoid lien using 11 U.S.C. § 522(f)).   |
| Property is (check one):   |  |
| ☐Claimed as Exempt   | ■Not claimed as exempt   |
| Property No. 2   |  |
| Creditor's Name:<br>Home Insurance   | Describe Property Securing Debt: 4103 Owl Drive, Rolling Meadows, IL Single family residence purchased in about 1979 for \$50,500.00       |
| Property will be (check one):  |  |
| □Surrendered   | Retained   |
| If retaining the property, I intend to (check at less than the property ■Reaffirm the debt □Other. Explain |  |
| Property is (check one):   |  |
| □Claimed as Exempt   | ■Not claimed as exempt   |

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Page 2 B8 (Form 8) (12/08) Property No. 3 **Creditor's Name: Describe Property Securing Debt:** 4103 Owl Drive, Rolling Meadows, IL -- Single family **HSBC** residence purchased in about 1979 for \$50,500.00 Property will be (check one): □Surrendered Retained If retaining the property, I intend to (check at least one): □Redeem the property ■Reaffirm the debt Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): □Claimed as Exempt ■Not claimed as exempt PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.) Property No. 1 Lessor's Name: **Describe Leased Property:** Lease will be Assumed pursuant to 11 -NONE-U.S.C. § 365(p)(2):  $\square$  YES  $\square$ NO I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease. Date **October 13, 2009** Signature /s/ James W Haase James W Haase Debtor Date **October 13, 2009** Signature /s/ Pamela L Haase Pamela L Haase

Joint Debtor

10/13/09 10:29AM

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United States Bankruptcy Court
Northern District of Illinois

|  |  | Case No. |  |
|--|--|----------|--|
|  |  |          |  |

| In re | Pamela L Haase   |   | Case No.                          |                          |              |
|-------|--|---|-----------------------------------|--------------------------|--------------|
|       |  | Debtor(s)   | Chapter                           | 7                        |              |
|       | DISCLOSURE OF COMPENSAT  | ION OF ATTORN   | EY FOR DE                         | EBTOR(S)                 |              |
|       | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 20160 compensation paid to me within one year before the filing of the be rendered on behalf of the debtor(s) in contemplation of or in c   | petition in bankruptcy, o   | or agreed to be pai               | d to me, for services re |              |
|       | For legal services, I have agreed to accept  |   | \$                                | 2,100.00                 |              |
|       | Prior to the filing of this statement I have received  |   | \$                                | 450.00                   |              |
|       | Balance Due  |   | \$                                | 1,650.00                 |              |
| 2.    | The source of the compensation paid to me was:   |   |                                   |                          |              |
|       | ■ Debtor □ Other (specify):  |   |                                   |                          |              |
| 3.    | The source of compensation to be paid to me is:  |   |                                   |                          |              |
|       | ■ Debtor □ Other (specify):  |   |                                   |                          |              |
| 4.    | ■ I have not agreed to share the above-disclosed compensation  | with any other person un  | less they are mem                 | bers and associates of n | ny law firm. |
|       | ☐ I have agreed to share the above-disclosed compensation wit copy of the agreement, together with a list of the names of the  |   |                                   |                          | firm. A      |
| 5.    | In return for the above-disclosed fee, I have agreed to render leg-  | al service for all aspects o  | f the bankruptcy c                | ase, including:          |              |
|       | a. Analysis of the debtor's financial situation, and rendering adv b. Preparation and filing of any petition, schedules, statement of c. Representation of the debtor at the meeting of creditors and c d. [Other provisions as needed]  Negotiations with secured creditors to reduce to reaffirmation agreements and applications as no 522(f)(2)(A) for avoidance of liens on household | affairs and plan which monfirmation hearing, and a community market value; exempleeded; preparation and | ay be required; any adjourned hea | rings thereof;           | ing of       |
| 5.    | By agreement with the debtor(s), the above-disclosed fee does no<br>Representation of the debtors in any discharge<br>any other adversary proceeding.  |   |                                   | es, relief from stay a   | actions or   |
|       | CERT   | TIFICATION  |                                   |                          |              |
|       | I certify that the foregoing is a complete statement of any agreem<br>ankruptcy proceeding.  | ent or arrangement for pa   | yment to me for re                | epresentation of the deb | tor(s) in    |
| Dated | d: October 13, 2009  | /s/ Timothy M. Hugh   |                                   |                          |              |
|       |  | Timothy M. Hughes Lavelle Law, Ltd.   | 6208982                           |                          |              |
|       |  | 501 W Colfax  |                                   |                          |              |
|       |  | Palatine, IL 60067  | 047 044 4700                      |                          |              |
|       |  | 847.705-9698 Fax: thughes@lavellelaw  |                                   |                          |              |
|       |  |   |                                   |                          |              |

James W Haase

#### 10/13/09 10:29AM

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

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over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### **Chapter 11:** Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### **Chapter 12:** Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

#### **Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

| Timothy M. Hughes 6208982                      | X /s/ Timothy M. Hughes            | October 13, 2009 |
|--|------------------------------------|------------------|
| Printed Name of Attorney                       | Signature of Attorney              | Date             |
| Address:                                       |                                    |                  |
| 501 W Colfax                                   |                                    |                  |
| Palatine, IL 60067                             |                                    |                  |
| 847.705-9698                                   |                                    |                  |
| thughes@lavellelaw.com                         |                                    |                  |
|  | Certificate of Debtor              |                  |
| I (We), the debtor(s), affirm that I (we) have | received and read this notice.     |                  |
| James W Haase                                  |                                    |                  |
| Pamela L Haase                                 | X /s/ James W Haase                | October 13, 2009 |
| Printed Name(s) of Debtor(s)                   | Signature of Debtor                | Date             |
| Case No. (if known)                            | X /s/ Pamela L Haase               | October 13, 2009 |
|  | Signature of Joint Debtor (if any) | Date             |

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### **United States Bankruptcy Court** Northern District of Illinois

| In re | James W Haase<br>Pamela L Haase            |   | Case No.                      |               |
|-------|--|---|-------------------------------|---------------|
| mie   | Tamela L Haase                             | Debtor(s)                                 | Chapter 7                     |               |
|       | VE   | ERIFICATION OF CREDITOR M  Number of      |                               | 58            |
|       |  | rumoer or                                 | cicultors.                    | 30            |
|       | The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of credit | ors is true and correct to th | ne best of my |
| Date: | October 13, 2009                           | /s/ James W Haase                         |                               |               |
|       |  | James W Haase Signature of Debtor         |                               |               |
| Date: | October 13, 2009                           | /s/ Pamela L Haase                        |                               |               |
|       |  | Pamela L Haase Signature of Debtor        |                               |               |

Alexian Brothers Corp. Heatlh Svcs. 25466 Network Place Chicago, IL 60673-1254

AMCA Collection Agency 2269 Saw Mill River Rd, Bldg 3 Elmsford, NY 10523

Argent Healthcare Financial Service 1900 W. Severs Road, POB 667 La Porte, IN 46352

Argent Healthcare Finanical Service 1900 W. Severs Road, POB 667 La Porte, IN 46352

Arlington Ridge Pathology 520 E 22nd St Lombard, IL 60148

Arnold G. Siegel 20 N. Clark Street Suite 220 Chicago, IL 60602

Arrow Financial Services 21031 Network Place Chicago, IL 60678-1031

AssetCare, Inc. P.O. Box 15380 Wilmington, DE 19850-5380

BestPractices of Northwest, SC P.O. Box 758682 Baltimore, MD 21275-8682

C.B. Accounts 1101 Main Street Peoria, IL 61606

Capital Management Services, LP 726 Exchange St., #700 Buffalo, NY 14210

Capital Management Services, LP 726 Exchange St., Ste. 700 Buffalo, NY 14210

Cavalier Telephone 2704 ALT 19 Palm Harbor, FL 34683-2639

Cook County Treasurer 118 N Clark St Room 212 Chicago, IL 60602

Credit Management Services 9525 Sweet Valley Drive Cleveland, OH 44125

Creditors Financial Group P.O. Box 440290 Aurora, CO 80044-0290

Creditors Financial Group, LLC P.O. Box 440290 Aurora, CO 80044-0290

D. Patrick Mullarkey Tax Division DOJ, P.O. Box 55 Ben Franklin Station Washington, DC 20044

David E. Oak DC 31 South Vail Arlington Heights, IL 60005

District Counsel 200 W. Adams Chicago, IL 60604

District Director IRS 230 S Dearborn Chicago, IL 60604

drs Bonded Collection Systems SDDRSB01 PO Box 1022 Wixom, MI 48393-1022

Elite Recovery Services POB 3474 Buffalo, NY 14240

Encore Receivable Management 400 n. rogers road POB 3330 Olathe, KS 66063-3330

Financial Recovery Services P.o. Box 385908
Minneapolis, MN 55438-5908

First National Collection Bureau 610 Waltham Way Sparks, NV 89434

G. Leone, M.D., S.C. 3060 N. Arlington Hts. Rd. Arlington Heights, IL 60004

Greater Northwest Medical Group 1300 Bush Parkway Buffalo Grove, IL 60089-4505

Home Insurance

HSBC P.O. Box 5244 Carol Stream, IL 60197

HSBC Card Services POB 17051 Baltimore, MD 21297-1051

Internal Revenue Service Kansas City, MO 64999

Internal Revenue Service Mail Stop 5010 CHI 230 S. Dearborn St Chicago, IL 60604

Juniper Card Services POB 13337 Philadelphia, PA 19101-3337

KCA Financial Services 628 N. Street P.O. Box 53 Geneva, IL 60134

Leading Edge Recovery Solutions 5440 N. Cumberland Ave Ste 300 Chicago, IL 60656-1490

Medco Financial Associates, Inc P.O. Box 525 Gurnee, IL 60031

NCO Financial Systems 507 Prudential Road Horsham, PA 19044

NCO Financial Systems, Inc. 1375 East Woodfield Rd., Ste 110 Schaumburg, IL 60173

Northwest Community Hospital 800 W. Central Rd Arlington Heights, IL 60005

Northwest Community Hospital P.O. Box 95698 Chicago, IL 60694-5698

Northwest Radiology Assoc 520 e 22nd St. Lombard, IL 60148

Northwest Sub Anesthesia POB 88648 Chicago, IL 60680-1648

Novas & Associates SC 111 Lions Drive Suite 210 Barrington, IL 60010-3175

OSI Collection Service PO Box 959 Brookfield, WI 53008-0959

OSI Collection Services 1375 E. Woodfield Rd, Ste 110 Schaumburg, IL 60173-5447

Palisades Collection LLC P.O. Box 1244 Englewood Cliffs, NJ 07632

Patrick J. Dicillo, DO SC 371 W. Northwest Highway Palatine, IL 60067

Rand Imaging Center 1051 W. Rand Road Arlington Heights, IL 60004

Ruth P. Walz P.O. Box 271001 Flower Mound, TX 75027

Sentry Credit Inc 2809 Grand Ave Everett, WA 98201

State Collection Service, Inc. 2509 S. Stoughton Rd. Madison, WI 53716

Suburban Ear Nose & Throat Assoc 880 W. Central Rd, Ste 7200 Arlington Heights, IL 60005

Suburban Surgical Care Specialists 1614 W. Central Rd, Ste 105 Arlington Heights, IL 60005

United States Attorney 219 S. Dearborn St. Chicago, IL 60604

Vital Recovery Services Inc POB 923747 Norcross, GA 30010-3747

Wolpoff & Abramson, L.L.P. 702 King Farm Blvd. Rockville, MD 20850-5775

Womens Healthfirst LLC 600 W Lake Cook Rd, Ste 120 Buffalo Grove, IL 60089-2089